M0350042 Task ID# 3988 cc: Leslie

FORM MR-TRL Revised 03/31/2009

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION of OIL, GAS and MINING

1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 (801) 538-5291

* * * * * * * *

APPLICATION FOR TRANSFER OF NOTICE OF INTENTION TO COMMENCE LARGE MINING OPERATIONS

Application is hereby made to transfer the perr	mit to commence large mining operations for the
CMC Point West	mine, permit # M/035 /0042, currently
operated by CMC Rock LLC	(transferor
to Staker Parson Companies	(transferee)

As used herein, TRANSFEROR refers to the <u>current operator</u>; TRANSFEREE refers to the <u>proposed new operator</u>; NOI refers to the Notice of Intention to Commence Large Mining Operations; PERMIT refers to the approved (or accepted) NOI, including the reclamation contract and reclamation surety.

Upon approval of the Application for Transfer:

- 1. The Transferor agrees to transfer all rights and obligations to operate under the terms of the NOI to the Transferee, The Transferor will not retain any rights to conduct mining operations within the area covered by the approved NOI.
- 2. Both parties understand the transfer of the **NOI** is not complete until all the applicable requirements are met, including the submittal and Division approval of an appropriate reclamation surety and a reclamation contract.
 - 3. The transferee has read and has a copy of the current NOI.
 - 4. The Transferee has inspected the site and is fully aware of all existing conditions and responsible for compliance with the conditions of the permit and the obligations regardless of the nature of the conditions at the site.
 - Transferee shall conduct mining operations on lands included in the NOI in accordance with the Utah Mined Land Reclamation Act, (ACT) Sections 40-8-1 et seq., Utah Code Annotated, (2005, as amended), and the rules promulgated under the ACT (R647- et seq., and the approved NOI.
 - The Transferee shall provide a surety in a form and amount approved by the Division to assure reclamation of the lands affected by the mining operations.

The **Transferor** will remain liable for compliance at the mine site until this transfer application is approved.

RECEIVED

FEB 1 4 2011

The signatory below represents that he/she has authority to execute this transfer on behalf of the Transferor, if not a natural person. Statements made in the application are true and correct to the best of my knowledge and belief.

TRANSFEROR:
CMC Rock LLC
Operator/Transferor Name
By Todd Cusick
Name of Authorized Officer (Typed or Printed)
, , , , , , , , , , , , , , , , , , , ,
Title of Authorized Officer
Officer's Signature Date
Officer's digitature Date
STATE OF UTAG
) ss:
COUNTY OF SALT LAKE
Carlla 1944 I Comment of the Comment
On the 10th day of February, 20 11, TODD Cusule
personally appeared before me, who being by me duly sworn did say that he/she is an (owner, officer, director, partner, agent or other (specify)
of the Operator CMC Rode LLC
and duly acknowledged that said instrument was signed on behalf of said Operator
by authority of its bylaws, a resolution of its board of directors, or as may otherwise
be required to execute the same with full authority and to be bound hereby.
Tack Ale
Notary Public
858 S. SOO E. PAYSON, UT 84651 BRAD A. ADAMS
Residing at COMMISSION # 579536
7/8/7013 COMM. EXP. 07-08-2013
My Commission Expires:

The signatory below represents that he/she has authority to execute this transfer on behalf of the Operator/Transferee, if not a natural person; and the operator/transferee is a properly organized entity in good standing under the laws of Utah and the United States, is registered as an entity authorized to do business in the State of Utah. Statements made in the application are true and correct to the best of my knowledge and belief.

INANSPEREE.	
Staker Parson Companies	
Operator/Transferor Name	
_{Bv} Scott Parson	
Name of Authorized Officer (Typed or Printed)	i gad
President/CEO Staker Parson Compa	nies
Title of Authorized Officer	
Acou Jamon	2-4-11
Officer's Signature	Date
STATE OF What	_)
COUNTY OF Weber	
COUNTY OF WAVE	_)
On the 21 day of February 20 11,	S. T. D.
personally appeared before me, who being by i	
an President (CSO) (owner, officer, dire	
of the Operator Staken Parson Co	
and duly acknowledged that said instrument wa	as signed on behalf of said Operator
by authority of its bylaws, a resolution of its boa	
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1/14/2014	COMMISSION NO. 583338 COMM. EXP. 07/14/2014
Commission Evoires:	1 100

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Form MR-LMOR (Revised March, 2009)

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING 1594 West North Temple Suite 1210

1594 West North Temple Suite 1210 Box 145801

Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE LARGE MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program. (R647-4-et seq.)

These pages will replace the corresponding pages in the original NOI.

1. GENERAL INFORMATION

1. Name of Mine: CMC Point West	
 Legal name of entity (or individual) for whom the permit is being reques Mailing Address: 224 North 2200 West, Suite 100 	sted: SCOTT PARSON
City, State, Zip: Salt Lake City, UT, 84116	
Phone: 801-258-3900 Fax: 801-428-0112	
E-mail Address: mdalley@stakerparson.com	
Type of Business:	
Corporation X , LLC, Partnership – general or	limited
Sole Proprietorship (dba), or Individual	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Entity must be registered (and maintain registration) with the State of Corporations (DOC). Are you currently registered to do business in the State of Utah? Yes	
Entity # 4910822-0142	
If no, contact DOC at www.commerce.utah.gov to renew or apply.	
Local Business License #:	(if required)
Issued by: City: or County:	
If Business is a Sole Proprietor:	
Name of owner: Title:	
Business Address:	
City, State, Zip:	
Phone: Fax:	
E-mail Address:	
If Business is a Partnership: Name of Partner:	
Business Address:	
City, State, Zip:	
Phone: Fax:	
E-mail Address:	

	Name of Officers: Scott Parson	Title:	President
	Jared Hyde	Title:	Treasurer
	John Parson		Director
	Corporate Address: P.O.Box 3429		
	City, State, Zip: Ogden, UT 84409		
	Phone: 801-731-1111 Fax: 801-	731-8800	
	E-mail Address: www.stakerparson.com		
If Bu	usiness is a Limited Liability Company: Membe		
	Name of 1 st Member/Manager:		Title:
	Business Address:		
	City, State, Zip:		
	Phone: Fax:		
	E-mail Address:		
	2nd Member/Manager:		Title:
	Business Address:		
	City, State, Zip:		
	Phone: Fax:	Artis Emergeni (1916-) American (1916-) emergen (1916-) emerge	
	E-mail Address:		
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3. Certification:

This certification must be signed by:

- (1.) an executive officer if the applicant is a corporation;
- (2.) a partner if applicant is a partnership (general or limited);
- (3.) the owner if applicant is a sole proprietorship;
- (4.) the member or manager if applicant is a limited liability company; or
- (5) the individual if the applicant if filing as an individual:

I state under penalty of perjury under the laws of the state of Utah and the United States of America that:

- a. CMC Rock LLC (transferor), has provided a copy of the approved mining and reclamation plan. I will follow the approved mining and reclamation plan until such time that I provide the Division with an amended Notice of Intention (plan) and receive approval of the amended Notice; AND
- b. I commit to the reclamation of the aforementioned large mining operation as required by the Utah Mined Land Reclamation Act (40-8) and the rules as specified by the Board of Oil, Gas and Mining.

Signature:	Aron	Parson	Date:_	2/4/11
Name (typed or pri	nted): Scott	Parson		/ /
Title/Position (if ap	plicable):Pre	sident/CEO	Staker Parson	Companies